

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY



Bill Lockyer, Chairman
State Treasurer

Investment in Mental Health Wellness Grant Program Application

915 Capitol Mall, Suite 590
Sacramento, California 95814
Phone: (916) 653-2799
Fax: (916) 654-5362
chffa@treasurer.ca.gov
<http://www.treasurer.ca.gov/chffa/>



Table of Contents

1. General Instructions	2
2. Application Content	
Form-1: Summary Information	3
Form-2: Additional Applicants and Service Providers	4
Form-3: Summary of Funding Requested	5
Form-4: County Grant Amounts Worksheet	6
Form-5: Sources and Uses	7
Evaluation Criteria	8
Requirements for Private Nonprofit Corporation Applicants	13
3. Attachments	
Attachment A – Application Certification	14
Attachment B – Legal Status Questionnaire for Counties and Public Agencies	15
Attachment C – Legal Status Questionnaire for Private Nonprofit Corporations	16
Attachment D – CEQA	17
4. Application Checklist	18



General Instructions

Please refer closely to the regulations as you are completing this Application. The regulations, which can be found at <http://www.treasurer.ca.gov/chffa/imhwa/index.asp>, contain a great deal of essential information that is not repeated here including eligibility, instructions for submission of an Application, and maximum Grant amounts. All terms that are capitalized in this Application are defined in Section 7113 of the regulations.

We expect Applicants to adhere to the organization and sequencing of questions contained herein when completing an Application.

The narrative portion of the Application is limited to 25 pages in 12 point font such as Arial or Times New Roman with 1 inch margins. Required forms and attachments are not included in the page limit. Maximum font size does not apply to forms, graphs or footnotes.

INVESTMENT IN MENTAL HEALTH WELLNESS GRANT PROGRAM

Form-1: SUMMARY INFORMATION *Please type all responses.*

Total Requested Grant Amount: \$ _____ Date Submitted: _____

DESIGNATED LEAD GRANTEE

1. APPLICANT INFORMATION

NAME OF APPLICANT:	ENTITY TYPE: <i>(County or Joint Powers Authority)</i>
ADDRESS:	CITY, STATE AND ZIP:

CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:	
ADDRESS:	CITY, STATE AND ZIP:	
PHONE NUMBER:	FAX NUMBER	EMAIL ADDRESS:

Project Title:

Project Brief Summary Description *(Limited to 20 words)*:

County(ies) to be served:

Please select all programs to be funded with Grant, and insert number of beds and/ or teams to be added by the proposed Project:

☐ Crisis Residential Treatment

_____ beds

Amount Requested

\$ _____

☐ Crisis Stabilization

_____ beds

Amount Requested

\$ _____

☐ Mobile Crisis Support Teams

_____ team(s)

Capital Amount Requested

\$ _____

Personnel Amount Requested

\$ _____

Purpose of Grant: *Check all applicable boxes*

☐ Purchase of real property

☐ Construction or renovation

☐ Program startup or expansion costs

☐ Furnishings or Equipment

☐ Information technology

☐ Mobile Crisis Support Team personnel funding

Form-2: ADDITIONAL APPLICANTS AND SERVICE PROVIDERS Please fill out additional Applicants and service provider(s) contact information. *Please use space as needed. Copy page if more space is needed.*

1. CO-APPLICANT INFORMATION

NAME OF APPLICANT:	ENTITY TYPE: <i>(County or Joint Powers Authority)</i>
ADDRESS:	CITY, STATE AND ZIP:

CO-APPLICANT CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:
ADDRESS:	CITY, STATE AND ZIP:
PHONE NUMBER:	FAX NUMBER
EMAIL ADDRESS:	

2. CO-APPLICANT INFORMATION

NAME OF APPLICANT:	ENTITY TYPE: <i>(County or Joint Powers Authority)</i>
ADDRESS:	CITY, STATE AND ZIP:

CO-APPLICANT CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:
ADDRESS:	CITY, STATE AND ZIP:
PHONE NUMBER:	FAX NUMBER
EMAIL ADDRESS:	

Service Providers:

1. ORGANIZATION TO DELIVER SERVICES (IF KNOWN)

☐ Check box if same as Designated Lead Grantee

NAME OF ORGANIZATION:	ENTITY TYPE:
ADDRESS:	CITY, STATE AND ZIP:

CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:
PHONE NUMBER:	FAX NUMBER
EMAIL ADDRESS:	

☐ YES ☐ NO ☐ NA Currently licensed by the California Department of Social Services and in substantial compliance as defined in Section 80001 of Title 22 of the California Code of Regulations.

2. ORGANIZATION TO DELIVER SERVICES (IF KNOWN)

NAME OF ORGANIZATION:	ENTITY TYPE:
ADDRESS:	CITY, STATE AND ZIP:

CONTACT INFORMATION

FIRST AND LAST NAME:	TITLE:
PHONE NUMBER:	FAX NUMBER
EMAIL ADDRESS:	

☐ YES ☐ NO ☐ NA Currently licensed by the California Department of Social Services and in substantial compliance as defined in Section 80001 of Title 22 of the California Code of Regulations.

Form-3: SUMMARY OF FUNDING REQUESTED

REQUESTED FUNDING BY PROGRAM		
Crisis Residential Treatment Program		
ELIGIBLE COSTS	AMOUNT	
Purchase of Real Property (how many properties?)	\$	0.00
Construction or Renovation	\$	0.00
Furnishings or Equipment	\$	0.00
Information Technology*	\$	0.00
Program Startup or Expansion Costs (up to three months)	\$	0.00
SUB-TOTAL	\$	0.00
Crisis Stabilization Program		
ELIGIBLE COSTS	AMOUNT	
Purchase of Real Property (how many properties?)	\$	0.00
Construction or Renovation	\$	0.00
Furnishings or Equipment	\$	0.00
Information Technology*	\$	0.00
Program Startup or Expansion Costs (up to three months)	\$	0.00
SUB-TOTAL	\$	0.00
Mobile Crisis Support Team Program		
ELIGIBLE COSTS	AMOUNT	
Purchase of vehicles (how many vehicles?)**	\$	0.00
Furnishings or Equipment	\$	0.00
Information Technology*	\$	0.00
Program Startup or Expansion Costs (up to three months)	\$	0.00
Personnel Funding for 1 year (how many FTEs?)	\$	0.00
SUB-TOTAL	\$	0.00
Total Requested Grant Amount	\$	0.00

* Information Technology hardware and software costs may not exceed 1% of total Project costs except when approved by Authority and only upon submission of justification in Application narrative (evaluation criteria 4(b)(i)) that the additional information technology costs are necessary for the Project to achieve the desired goals and outcomes set forth in Section 7119 of the regulations.

**May include two-year maintenance contracts, if any.

COUNTY GRANT AMOUNTS WORKSHEET				
<p>Complete the worksheet below for each County listed as an Applicant and Co-Applicant(s) on Form-1 and Form-2.</p>				
<p>Until January 1, 2016, Applicants may apply for Capital and Personnel Funding totaling no more than the maximum Grant amounts set forth in Section 7118 of the regulations. Counties Applying Jointly, may at their discretion, apply for up to the sum of their respective maximum Capital Funding and Personnel Funding amounts.</p>				
COUNTY NAME	COUNTY MAXIMUM CAPITAL FUNDING	CAPITAL FUNDING REQUESTED	PERSONNEL FUNDING REQUESTED (Mobile Crisis- 1 year)	TOTAL REQUESTED (Capital + Personnel)
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

If the Legislature makes additional funds available would you request additional funding?
If so, how much \$

--

Form-5: SOURCES AND USES

Please include sources and uses to complete the entire Project and sustain the Program(s) for 1 year.

Sources of Funds:

Total requested Grant amount	\$	0.00	()
Mental Health Services Act (MHSA) funds	\$	0.00	()
Realignment funds	\$	0.00	()
Medi-Cal, Federal Financial Participation	\$	0.00	()
Other sources, list (i.e. bank loan*, other grants)					
	\$	0.00	()
	\$	0.00	()
	\$	0.00	()
Total Sources	\$	0.00	(0%)

Must equal 100%

*If obtaining a bank loan, please name the bank and describe the length and rate of the loan.

Uses of Funds:

Purchase of real property	\$	0.00
Construction or renovation**	\$	0.00
Vehicles & vehicle maintenance contracts	\$	0.00
Furnishings or equipment	\$	0.00
Information technology hardware and software	\$	0.00
Program start up or expansion costs (3 months)	\$	0.00
Personnel funding (mobile crisis for 1 year)	\$	0.00
Other costs, list (i.e. operating costs, evaluation)		
	\$	0.00
	\$	0.00
	\$	0.00
Total Uses (must equal Total Sources)	\$	0.00

****Grantees must comply with California's prevailing wage law under Labor Code section 1720, et seq. for public works projects. The Authority recommends Applicants consult with legal counsel.**



Evaluation Criteria

Applications shall be scored on the criteria set forth in Section 7119 of the regulations:

1. Project expands access to and capacity for community based mental health crisis services that offer relevant alternatives to hospitalization and incarceration. (Maximum 30 points).
2. Application demonstrates a clear plan for a continuum of care before, during, and after crisis mental health intervention or treatment and for collaboration and integration with other health systems, social services, and law enforcement. (Maximum 20 points).
3. Identifies key outcomes and a plan for measuring them. (Maximum 20 points).
4. Project is feasible, sustainable and ready or will be feasible, sustainable and ready within six months of the Final Allocation. (Maximum 30 points).

Please address each of the criteria set forth in Section 7119, as follows:

1. Project expands access to and capacity for community based mental health crisis services that offer relevant alternatives to hospitalization and incarceration (Maximum 30 points).

- a. Describe the new or expanded Crisis Residential Treatment, Crisis Stabilization, and/or Mobile Crisis Support Team Programs to be funded by the Grant and the services within the Programs, including the Target Population(s) to be served. (Maximum 5 points)
- b. Describe the community need existing within the current continuum, including who does and does not receive services now and how the Project will address weaknesses of the current system and build on existing strengths. Please include any available data that reflects community need. (Maximum 3 points)
- c. Quantify and describe how the Project will increase capacity for community based mental health crisis services. (Maximum 7 points)
 - i. Identify the number of Crisis Residential Treatment and Crisis Stabilization beds that will be added.
 - ii. How the number added impacts the Target Population(s) and translates into a number of additional individuals that can be served in the community?
- d. Describe how the Project will expand and improve timely access to community based mental health crisis services. (Maximum 7 points) For example,
 - i. Will the hours of existing services be extended?
 - ii. Will there be additional locations where services can be accessed by consumers and their family members?
 - iii. What efforts will be undertaken to timely connect consumers to crisis services from other venues like hospitals?



- iv. Will there be new outreach provided to families and consumers so they know new or expanded services are available?
- v. Will cultural, language, and other barriers unique to the community be addressed?
- vi. Will there be any other efforts undertaken to improve access? Describe.
- e. Describe how the proposed Project will be qualitatively different than crisis services delivered in an institutional setting (such as a hospital emergency room, an in-patient hospital setting or a law enforcement vehicle) and include a description of the proposed staffing, the community setting in which the Programs will be offered and the building or vehicles in which services will be provided. (Maximum 5 points)
- f. Identify all public and private funding sources to complete the Project and explain efforts undertaken to leverage the funding to be provided by the Grant. (Maximum 3 points)

2. Application demonstrates a clear plan for a continuum of care before, during, and after crisis mental health intervention or treatment and for collaboration and integration with other health systems, social services, and law enforcement. (Maximum 20 points).

- a. Describe how the Project fits in with the continuum of care as it presently exists in the community. (Maximum 8 points)
 - i. Identify the shortcomings that exist within the continuum and supply any available data that may expand on or further identify the shortcomings.
 - ii. Identify how the Project will improve the existing continuum of care for individuals utilizing mental health crisis services.
 - iii. Indicate whether the Applicant(s) has been awarded a triage personnel grant from the Mental Health Oversight and Accountability Commission. Briefly describe the distinctions and connections between the triage program and the proposed programs, if applicable.
- b. Describe the county's or counties' working relationships with Related Supports that already exist and those which will be established to enhance and expand community-based collaboration designed to maximize and expedite access to crisis services for the purpose of avoiding unnecessary hospitalization and incarceration and improving wellness for individuals with mental health disorders and their families. (Maximum 12 points)
 - i. An example of an enhancement may include training of local law enforcement, current crisis providers, hospital staff and other related providers on how to properly respond to individuals experiencing a mental health crisis.
 - ii. An example of an expansion may include adding a supportive housing provider to the local collaboration for post-crisis residential placements.

3. Identifies key outcomes and a plan for measuring them. (Maximum 20 points)

- a. Provide a plan that includes methodology, timeline and assignment of responsibility to measure and demonstrate outcomes of the Project, including the following:



- i. Reduced average disposition time for visits to emergency rooms of local hospitals. (Maximum 2 points)
- ii. Reduced hospital emergency room and psychiatric inpatient utilization. (Maximum 3 points)
- iii. Reduced law enforcement involvement on mental health crisis calls, contacts, custodies and/or transports for assessment. (Maximum 2 points)
- iv. Improvements in participation rates by consumers in outpatient mental health services, and case management services, and more placements by outreach workers. (Maximum 2 points)
- v. Consumers' and/or their family members' (when appropriate) satisfaction with the crisis services the consumer received. (Maximum 2 points)
- vi. Number of Crisis Residential Treatment and Crisis Stabilization beds and Mobile Crisis Support Team personnel and vehicle(s) added. (Maximum 2 points)
- vii. Whether the Target Population is being served and other individuals who may be being served. (Maximum 2 points)
- viii. The value of the Program(s), such as mitigation of costs to the county, law enforcement, or hospitals. An example of such value is: The utilization of Crisis Residential Treatment costs "X" dollars and utilization of inpatient hospitalization would have cost "X" dollars, therefore value approximates "X" dollars. (Maximum 3 points)
- ix. The percent of individuals who receive a crisis service who, within 15 days, and within 30 days, return for crisis services at a hospital emergency department, psychiatric hospital or jail. (Maximum 2 points)

4. Project is feasible, sustainable, and ready or will be feasible, sustainable and ready within six months of the Final Allocation. (Maximum 30 points)

READINESS

- a. Provide a Project timeline and associated narrative, which includes projected or actual key dates and addresses the following: (Maximum 7 points)
 - i. Key milestones in the future and completed to date, including projected or actual Project start date (such as date of purchase, renovation or lease) and end date (such as date of occupancy).
 - ii. A description of the status of use permits, licensure and/or other approval processes.
 - iii. Staffing status.
 - iv. Projected date services will begin to be provided to consumers.



- v. Processes that may affect the timeline to start providing services, such as site identification and acquisition, contracting, local use permit process, licensure and certification, and California Environmental Quality Act (CEQA) approval process (*See Attachment D*).
- vi. Potential challenges and how those challenges will be mitigated.

FEASIBILITY

- b. Provide a Project budget, including “Summary of Funding Requested” (Form-3), “County Grant Amounts Worksheet” (Form-4), and “Sources and Uses” (Form-5). Also provide the following: (Maximum 10 points)
 - i. Proposed uses of Grant funds in line item detail with a budget narrative. If working capital for Program startup or expansion costs is being requested, include a separate line item budget detailing those costs. If information technology exceeds 1% of total Project costs, provide a justification that the additional costs are necessary for the Project to achieve the goals and outcomes set forth in Section 7119 of the regulations.
 - ii. A description of funding from funding sources other than the Grant that will be used to complete the proposed Project. Include the amount of funding and the current status of the funding. Attach documentation, if any, such as letters describing commitment of funding or the status of consideration from the other funding sources or other similar documentation acceptable to the Authority.
 - iii. An explanation of how the Grant funds, as well as other grants, loans, or internal funds, will be used to ensure Grant funds will not be used for ineligible costs as described in Section 7115 of the regulations.

SUSTAINABILITY

- c. Provide a Program operating budget that details annual operating costs projected for the proposed Program(s). Describe new Program funding source(s) with amounts and cash flow projections and/or how existing funding will be redirected to provide on-going support and sustainability for new and expanded services. Include documentation such as minutes from the Board of Supervisors meeting evidencing approval of the budget, or other documentation acceptable to the Authority. (Maximum 3 points)
- d. Provide a means of assessing financial capacity and/or creditworthiness of the Lead Grantee in the form of most recent local government credit rating or three most recent years Audited Financial Statements, which may not contain a Going Concern Qualification. (Maximum 5 points)
- e. Identify the service provider or describe the plan for identifying one, addressing the following: (Maximum 5 points)



- i. If a service provider that will operate Program(s) has already been identified:
 1. Describe written plans and policies in place for the care that will be provided. These include:
 - a. Statement of admission and discharge criteria.
 - b. Psychiatric policies and practices.
 - c. Description of range of services offered.
 - d. Information about the service provider including expertise in mental health care, purpose, goals, and services of the organization.
 - ii. If a service provider is an established service provider licensed by the California Department of Social Services, demonstrate evidence of substantial compliance as defined in Section 80001 of Title 22 of the California Code of Regulations.
 - iii. If a service provider has not been identified at the time the Application is submitted, provide a description of the process, criteria for selection and timeline for identification that will be or is being utilized to identify and designate a provider or providers of Program services.
- f. Provide details to support the certainty of Medi-Cal certification of Crisis Residential Treatment or Crisis Stabilization Programs, and provide details to support the certainty of state licensure for Crisis Residential Treatment Programs, if any is proposed: (Required, but no points awarded)
 - i. Include discussion of how service provider will cooperate and comply with Community Residential Treatment Services Program certification process and any related certification process for any Crisis Stabilization Program proposed.
 - ii. Will structured day and evening services will be available seven days a week?
 - iii. Will community support systems for consumers be developed to maximize their utilization of non-mental health community resources?
 - iv. Will the Program use the residential environment to assist consumers in the acquisition, testing, or refinement of community living and interpersonal skills?
 - v. Will services include individual and group counseling, crisis intervention, and planned activities?
 - vi. Will counseling include available members of the consumer's family, when indicated in the consumer's treatment or rehabilitation plan?
 - vii. Will pre-vocational or vocational counseling be provided?
 - viii. Will consumer advocacy, including assisting consumers to develop their own advocacy skills be part of the Program?
 - ix. Will the Program include an activity program that encourages socialization within the Program and general community, and which links the consumer to resources which are available after leaving the Program?



Requirements for Private Nonprofit Corporation Applicants

If a co-Applicant is a private nonprofit corporation, the private nonprofit corporation must provide the following:

1. A copy of its tax-exemption letter from both the Internal Revenue Service and the Franchise Tax Board.
2. A copy of the most recent license(s), if applicable, or notification of exemption from licensure from the State governmental entity with jurisdiction over the services provided by or facility operated by the private nonprofit corporation.
3. A completed Legal Status Questionnaire for Private Nonprofit Corporations (Attachment C).
4. In addition, upon request, three years of most recent Audited Financial Statements.

ATTACHMENT A

APPLICATION CERTIFICATION

Instructions: Please transfer the Application Certification language below onto official letterhead and have the appropriate official sign and date the certification.

- In the case of a county Applicant, please have the county secretary sign this certification on behalf of the county board of supervisors or such other authorized county official.
- In the case of a public agency designated by the county or Counties Applying Jointly, please have an authorized officer sign this certification.
- In the case of a private nonprofit corporation designated by a county or Counties Applying Jointly, please have the chairperson of the board or other authorized officer sign this certification.

If more than one Applicant applying for a Project, each Applicant must submit an Application Certification to certify that all information in the joint Application is correct and true to the best of their knowledge and belief.

Application Certification:

I, (name of signatory), as (name of position), an authorized officer of (name of institution), certify that, to the best of my knowledge, the information contained in this application is true and correct to the best of my knowledge and belief, and I understand that any misrepresentation or material omissions may result in the cancellation of the Grant and other actions permitted by law and the Grant Agreement.

(Name of Institution) will cooperate in providing information and/or documentation, including at the time of site visits, to assist the Authority in consideration of the Application.

By (Print Name)

Signature

Title

Date

ATTACHMENT B

LEGAL STATUS QUESTIONNAIRE FOR COUNTIES AND PUBLIC AGENCIES

1. Financial Viability

Disclose any legal or regulatory action or investigation that may have a material impact on the financial viability of the Project or the county/public agency. The disclosure should be limited to actions or investigations in which the county/public agency has been named a party.

Response:

2. Fraud, Corruption, or Serious Harm

Disclose any legal or regulatory action or investigation involving fraud or corruption, or health and safety where there are allegations of serious harm to employees, the public, or the environment. The disclosure should be limited to actions or investigations pertaining to mental health services and in which the county/public agency or the county's/ public agency's officer or personnel has been named a defendant within the past ten years.

Response:

Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), complaint or filing, and the outcome.

ATTACHMENT C

LEGAL STATUS QUESTIONNAIRE FOR PRIVATE NONPROFIT CORPORATIONS

1. Financial Viability

Disclose any legal or regulatory action or investigation that may have a material impact on the financial viability of the Project or the private nonprofit corporation. The disclosure should be limited to actions or investigations in which the private nonprofit corporation or the private nonprofit corporation's parent, subsidiary, or affiliate involved in the management, operation or development of the Project has been named a party.

Response:

2. Fraud, Corruption, or Serious Harm

Disclose any legal or regulatory action or investigation involving fraud or corruption, or health and safety where there are allegations of serious harm to employees, the public, or the environment. The disclosure should be limited to actions or investigations in which the private nonprofit corporation or the private nonprofit corporation's current board member (except for volunteer board members of nonprofit entities), partner, limited liability corporation member, senior officer, or senior management personnel has been named a defendant within the past ten years.

Response:

Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), complaint or filing, and the outcome.

ATTACHMENT D

CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW

Instructions: Please provide the following exhibit for each Project site. This can be completed within six months of award, if not available at time of Application.

Grantees must submit documentation demonstrating compliance with Division 13 commencing with Section 21000 of the Public Resources Code (CEQA Requirements) for construction Projects.

If the Project is subject to CEQA Requirements, provide the appropriate documentation or justification for each Project:

- ☐ Notice of Determination Received (Attach Copy)
- ☐ Notice of Exemption Received (Attach Copy)
- ☐ Other documents evidencing compliance (e.g. permits, local authority approval documents, printed authorizations, OSHPD Plan Review status, etc.)
- ☐ Project is considered a Special Situation (see Title 14 California Code of Regulations, Sections 15180-15190) (Provide written justification of compliance with applicable section.)

Name of approving Agency: _____

Date approval given: _____

If Project is not subject to CEQA Requirements, provide a written justification using one of the following categories:

- ☐ Is not a Project as defined by CEQA Requirements (see Title 14 California Code of Regulations, Section 15378)
- ☐ Project is Statutorily Exempt (see Title 14 California Code of Regulations, Sections 15260-15285)
- ☐ Project is Categorically Exempt (see Title 14 California Code of Regulations, Sections 15300-15333)

APPLICATION CHECKLIST

Make sure you have completed the following tasks:

- ☐ Used 12 point font such as Arial or Times New Roman in narrative sections (except footnotes and charts).
- ☐ Have 1 inch margins for narrative sections.
- ☐ Remained within 25 pages for the questions and answers to the narrative portion (Evaluation Criteria Narrative), identified in the Application.

Make sure you have submitted as part of the Application each of the following:

- ☐ Form-1 to Form-5
- ☐ Narrative for Criteria #1- #3
- ☐ Criteria #4:
 - ☐ Project timeline with narrative as described in Criteria #4 (a)
 - ☐ Project budget with narrative as described in Criteria #4 (b) (i)-(iii)
 - ☐ Program operating budget with narrative as described in Criteria #4 (c)
 - ☐ Most recent local government credit rating or three years of most recent audited financial statements as described in Criteria #4 (d)
 - ☐ Narrative for Criteria #4 (e)
 - ☐ Narrative for Criteria #4 (f) for Crisis Residential Treatment and Crisis Stabilization Programs only
- ☐ Attach all requirements for Private Nonprofit Corporation Applicants
- ☐ Attachment A - Application Certification Letter for all Applicants
- ☐ Attachment B - Legal Status Questionnaire for Counties and Public Agencies
- ☐ Attachment C - Legal Status Questionnaire for Private Nonprofit Corporations (if applicable)
- ☐ Attachment D - California Environmental Quality Act (CEQA) Review for each project site (if applicable)